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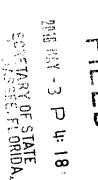
(Requ	uestor's Name)		
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TO: Registration Section Division of Corporations	· .				
SUBJECT: I 90R TSitkin LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Tsifkin Ihan Name of Person					
Firm/Company					
2240 Simonton Address	ave				
/VoRth PoRt, FL City/State and Zip Code	34286				
E-mail address: (to be used for future annu	ofmail. Com ual report notification)				
For further information concerning this matter, [please call:				
Ihar	at (941) 979 - 6783 Area Code & Daytime Telephone Number				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: <u>I GOR</u> TS 1 + KIVI	LLC
	2240 Simonton ave (b) 224	
	NORTH PORT, EL 34286 NOR	2th PORT, FC 34286
3.	5/13/2011 L 11 Date of filing/registration in Florida 4.	000056843
		Document number
5. (a	I hap tsitkin Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- »
		·
	2240 Simonton ave Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	•
	NORTH PORT, IL 34286	•
	NORTH FORT, 122 21 00	
	, FL	· · · · · · · · · · · · · · · · · · ·
(b)	Ivan Danilovets	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	7 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2184 Hoprood Rd	
	NEW Registered Office Address:	D U: 18
	North Port FL 34287	·
the ch agent was/w	limited liability company is not organized under the laws of the State of Floange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is tree authorized by an affirmative vote of the members of the limited liability cicles of organization or the operating agreement of the limited liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	Printed or typed name of signee
I here provis the ob to men notific	eby accept the appointment as registered agent and agree to act in this capions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 605 rely reflect a change in the registered office address. I hereby confirm that add in writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signat	urg of Registered Agent	